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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124800002		CITY	OR TOWN	STURBRII)GE
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A		& GUN CLUB, IN	IC.			
ADDRESS HAMILTO						
CITY/TOWN: STUR	BRIDGE	STATE: MA	ZIP	CODE:	01566	
MANAGER: KOMA	AR, RONALD TYI	PE OF LICENSE:C	lub	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRI	ESS		
DESCRIPTION OF L						
TWO BLDGS WHICH CLUB MEMBERS	HOUSE BANQU	JET FACILITIES F	OR RENT	TING DOW	'NSTAIRS B	AR FOR
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	l license will be of	the same type for th	e same pro	emises now	licensed;	
2. the licensee	has complied with	all laws of the Con	nmonwealt	th relating t	o taxes; and	
3. the premise	s are now open for	business (If not exp	olain belov	v)		
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Offi	icer		
DATE:	TELEDIION	IE NUMBER:	L	EMPLOYEI	R IDENTIFICAT	ION NUMBER:
	TELEFHON	E NUMBER.	(N			ecurity Number)
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building in	spector and the he	ad of the f	fire depart	ment for the	above named
Please Check Below:			LOCA	AL LICENS	SING AUTHO	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	1)		-			
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY L	ICENSEES DURING THE	MONTH OF N	NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	.24800005	(TIY OR TOWN	STURDKIL	JGE
APPLICATION FOR I	RENEWAL:	Annual	LICENSI	ED FOR 20	013
		CLASS			YEAR
DOING BUSINESS A ADDRESS E/S HAYN CITY/TOWN: STUR MANAGER: GLICK J. EMAIL ADDRESS:	ES ST.	ICE CORP 2 ATE: MA LICENSE: Innho	older CA	01566	All Alcohol
DESCRIPTION OF LI		D ENTER YOUR EMA	IL ADDRESS		
1. the renewed 2. the licensee 3. the premises	ear under penalties of perj license will be of the sam has complied with all law are now open for busines	e type for the sa s of the Commo	onwealth relating to		
SIGNED BY:	Individual, Partner or Autl	norized Corpora	ate Officer		
DATE:	TELEPHONE NUM	IBER:	EMPLOYER I (Note: <u>NOT</u> Indiv		TON NUMBER: ecurity Number)
Acts of 2004, signed b	attest that we are in poss by the building inspector tificate of liquor liability	and the head	of the fire departme	ent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENSIN By:	NG AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800007		CITY OR TOWN	STURBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PUBLICK HOUSE S	ERVICE CORP 1		
DOING BUSINESS A THE PUBLICK HO	USE		
ADDRESS MAIN ST.			
CITY/TOWN: STURBRIDGE	STATE: MA	ZIP CODE:	01566
MANAGER: GLICK, MICHAEL TYPE J.	OF LICENSE: Inni	nolder Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	S:		
2 1/2 STORY BLDG WITH 9 EXITS, FIVE STORAGE IN WINE CELLAR IN BASEM DUPLEX BLDG WITH TWO EXITS TO E	ENT ADJACENT	ANNEX TWO AN	D ONE HALF
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the	same premises now	licensed;
2. the licensee has complied with all	l laws of the Comm	onwealth relating to	taxes; and
3. the premises are now open for bu	siness (If not expla	in below)	
SIGNED BY: Individual, Partner or	· Authorized Corpo	rate Officer	
	· Authorized Corpo	rate Officer	
	Authorized Corpo	rate Officer	
			R IDENTIFICATION NUMBER:
Individual, Partner or		EMPLOYER	L IDENTIFICATION NUMBER: ividual Social Security Number)
Individual, Partner or	NUMBER: possession (1) the ector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs	ed by Chapter 304 of the ment for the above named
DATE: TELEPHONE I We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor liated Please Check Below:	NUMBER: possession (1) the ector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs equired by Chapte	ed by Chapter 304 of the ment for the above named
Individual, Partner or DATE: TELEPHONE I We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor liable please Check Below: APPROVED:	NUMBER: possession (1) the ector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs equired by Chapte	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
DATE: TELEPHONE I We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	NUMBER: possession (1) the ector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs equired by Chaptes LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Individual, Partner or DATE: TELEPHONE I We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor liable please Check Below: APPROVED:	NUMBER: possession (1) the ector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs equired by Chaptes LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
DATE: TELEPHONE I We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	NUMBER: possession (1) the ector and the head	EMPLOYER (Note: NOT Indecentificate require of the fire departs equired by Chaptes LOCAL LICENS	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124800008		CITY OR T	OWN STURBRII	DGE
APPLICATION FOR	RENEWAL:	Annual]	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	VILLAGE PIZZ	ZA & RESTAURANT,I	NC.		
DOING BUSINESS A	Α				
ADDRESS 487 MAIN	N STREET				
CITY/TOWN: STU	RBRIDGE	STATE: MA	ZIP CO	DE: 01566	
MANAGER: GIDO	POULOS, T	TYPE OF LICENSE:Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L					
		SQ. FT. OF WHICH 50 G AND EATINNG.THE	_		
I hereby certify and sv	vear under penalt	ties of perjury that:			
1. the renewe	d license will be	of the same type for the	same premis	es now licensed;	
2. the license	e has complied w	vith all laws of the Com	monwealth rel	lating to taxes; and	
3. the premise	es are now open	for business (If not expl	ain below)		
SIGNED BY:	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TEI EDU	ONE NUMBER:	EM	PLOYER IDENTIFICAT	TION NUMBER:
	TELETIN	ONE NUMBER.		NOT Individual Social S	
Acts of 2004, signed	by the building	are in possession (1) th inspector and the hea or liability insurance i	d of the fire o	department for the	above named
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800)009	CITY OR TOWN STUR	RBRIDGE
APPLICATION FOR RENE	WAL: Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: TABL	E 3 RESTAURANT GROUP I I	LLC	
DOING BUSINESS A WHI	STLING SWAN AND AVELLI	NO, THE DUCK	
ADDRESS 502 MAIN ST I	RTE.20		
CITY/TOWN: STURBRIDO	GE STATE: MA	ZIP CODE: 0156	6
MANAGER: GONYA, DA P.	NIEL TYPE OF LICENSE:R	estaurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
WOOD FRAME BLDG WIT DINING ROOMS ON FIRST	NTRANCE AND EXIT ON SOUTH ADDITION LOCATED ON THE FLOOR, ONE BAR/LOUNGE E SOUTH SIDE OF BLDG. STO	THE NORTH SIDE OF RTI E AREA, ONE SERVICE BA	E 20. FOUR
I hereby certify and swear und	ler penalties of perjury that:		
1. the renewed licens	se will be of the same type for th	e same premises now license	d;
2. the licensee has co	omplied with all laws of the Com	monwealth relating to taxes;	and
3. the premises are n	ow open for business (If not exp	lain below)	
SIGNED BY:	lual, Partner or Authorized Corp	oorate Officer	
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	IFICATION NUMBER:
Acts of 2004, signed by the	that we are in possession (1) the building inspector and the heat te of liquor liability insurance	nd of the fire department fo	r the above named
Please Check Below:		LOCAL LICENSING A	UTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 124800012		CITY OR TOV	VN STURBRI	DGE
APPLICATION	FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	ME: MILESTONE H	IOSPITALITY INTERI	NATIONAL LLO	C	
DOING BUSIN	ESS A STURBRIDGE	E HOST HOTEL & CO	NFERENCE		
ADDRESS 366	MAIN STREET				
CITY/TOWN:	STURBRIDGE	STATE: MA	ZIP CODE	: 01566	
	PRENTISS, T RUSSELL	TYPE OF LICENSE: Inr	nholder	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREM	MISES:			
OF 150 ROOMS	S FOR SERVICE TOO TO THE COMMON	ES AND EXITS ON RT GETHER WITH A LIQ PARKING AREA A TA ON THE FIRST FLOC	UOR STORAGE AVERN RESTA	ROOM AND URANT CONSI	
I hereby certify	and swear under penal	ties of perjury that:			
1. the re	enewed license will be	of the same type for the	same premises r	now licensed;	
2. the li	censee has complied w	vith all laws of the Com	monwealth relation	ng to taxes; and	
3. the p	remises are now open	for business (If not expl	ain below)		
SIGNED BY:	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICATION INDICATE INDIVIDUAL SOCIAL S	
Acts of 2004, s	igned by the building	are in possession (1) th inspector and the head or liability insurance i	d of the fire dep	artment for the	above named
Please Check Below	<u>v:</u>		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVEI (If disapproved					
(ii disapproved	саріані)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 124800013		CITY OR TOWN STURBER	DGE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME	: AM. MOTOR LO	DGE, INC.		
DOING BUSINESS	A AM. MOTOR L	ODGE		
ADDRESS RTE 20				
CITY/TOWN: ST	URBRIDGE	STATE: MA	ZIP CODE: 01566	
MANAGER: SKA	ARANI, JOSEPH TY	PE OF LICENSE: Innh	nolder CATEGORY:	All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	ISES:		
			ITH 2 EXITS, 1ST FLR; 20 RC ROOM WITH EXITS	OOMS, 2
I hereby certify and	swear under penaltie	s of perjury that:		
1. the renev	ved license will be of	f the same type for the s	same premises now licensed;	
2. the licens	see has complied wit	h all laws of the Comm	onwealth relating to taxes; and	
3. the prem	ises are now open for	r business (If not explain	in below)	
SIGNED BY:			0.07	
	Individual, Partne	er or Authorized Corpor	rate Officer	
D 4 500				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
			certificate required by Chap	
			of the fire department for the equired by Chapter 116 of the	
ncense and (2) the	certificate of fiquor	nability insurance re	equired by Chapter 110 of the	Acts 01 2010.
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved expl	ain)			
,	,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 124800014		CITY OR TOWN STURBRIDGE	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	t .
LICENSEE N.	AME: CHAMPEAU-V	ILANDRE POST 109		
DOING BUSI	NESS A AM. LEG. DE	PT. OF MA., INC.		
ADDRESS RT	ΓE 20			
CITY/TOWN:	STURBRIDGE	STATE: MA	ZIP CODE: 01566	
MANAGER:	SPLAINE, T MICHAEL L.	YPE OF LICENSE: Vet	terans club CATEGORY: All A	Icohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PREM			
FLOOR BAR,		AGE ROOM. ONE ENT	NCE AND ONE EXIT; BOTTOM TRANCE AND ONE EXIT. BOTTOM TRANCE AND EXIT	
I hereby certify	y and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now licensed;	
2. the	licensee has complied w	ith all laws of the Comn	monwealth relating to taxes; and	
3. the	premises are now open to	for business (If not expla	ain below)	
SIGNED BY:		ner or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NU	JMBER:
			(Note: NOT Individual Social Security N	Number)
Acts of 2004,	signed by the building	inspector and the head	e certificate required by Chapter 304 d of the fire department for the above required by Chapter 116 of the Acts of	named
Please Check Bel	<u>ow:</u>		LOCAL LICENSING AUTHORITY	r
APPROVED:			By:	
DISAPPROVI				
(If disapproved	u expiain)			
				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	ABER: 124800017		CITY OR TOWN	STURBRIL	OGE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA DOING BUSIN ADDRESS RTI		TS INC.			
CITY/TOWN:	STURBRIDGE	STATE: MA	ZIP CODE:	01566	
MANAGER:		TYPE OF LICENSE:Re	estaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		J
DESCRIPTION	OF LICENSED PRE	EMISES:			
ENTRANCE A ONE FLOOR,		20, ACCESS AND EGR	ESS DOOR WITHI	N MILLYAR	D BLDG.
I hereby certify	and swear under pena	ulties of perjury that:			
1. the r	enewed license will b	e of the same type for the	e same premises nov	v licensed;	
2. the 1	icensee has complied	with all laws of the Com	monwealth relating	to taxes; and	
3. the p	oremises are now oper	n for business (If not exp	lain below)		
SIGNED BY:	Individual, Par	rtner or Authorized Corp	oorate Officer		
DATE:			EMBLOVE	D IDENTIFICAT	
DATE.	TELEPI	HONE NUMBER:		R IDENTIFICAT dividual Social S	
Acts of 2004, s	signed by the buildin	e are in possession (1) the g inspector and the hea nuor liability insurance	d of the fire depart	tment for the	above named
Please Check Belov	<u>w:</u>		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE N	MONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 124800019	•	CITY OR TOWN	STURDRIL	JGE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	CHUNG MAY INC	2.			
DOING BUSINESS	A KAHULA RESTA	AURANT			
ADDRESS RTE. 13	1				
CITY/TOWN: STU	RBRIDGE	STATE: MA	ZIP CODE:	01566	
MANAGER: CHA	',	PE OF LICENSE: Resta	aurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
ONE FLOOR, FIVE	ROOMS, BRICK A	ND WOOD. OUTDOO	OR DECK 16 FT I	3Y 27 FT	
I hereby certify and s	wear under penalties	of perjury that:			
		the same type for the same	•		
	-	all laws of the Commo	_	o taxes; and	
3. the premis	ses are now open for	business (If not explain	n below)		
SIGNED BY:			0.07		
	Individual, Partner	or Authorized Corpora	ate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
			(Note: NOT Ind	lividual Social So	ecurity Number)
We the undersigned	d, attest that we are	in possession (1) the	certificate requir	ed by Chapto	er 304 of the
, 0	· C	spector and the head	_		
license and (2) the o	certificate of liquor	liability insurance rec	quired by Chapte	r 116 of the <i>I</i>	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	• >				
(If disapproved expla	un)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	1BER: 124800022		CITY OR TOWN STURBE	IDGE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: OLD STURBR	LIDGE, INC		
DOING BUSIN	IESS A OLD STURB	RIDGE VILLAGE		
ADDRESS TH	E TAVERN			
CITY/TOWN:	STURBRIDGE	STATE: MA	ZIP CODE: 01566	
	ARCOITE, BRADLEY	TYPE OF LICENSE: Resta	aurant CATEGORY	: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	EMISES:		
THE FULLER (NOONING AN	CONFERENCE CEN	TER, PATIO AND ADJA UNDS, O.S.V. LODGES N	D TAVERN & ADJACENT C CENT GROUNDS. FARMER MOTOR LODGE AND GROU	R'S
I hereby certify	and swear under pena	lties of perjury that:		
1. the r	enewed license will be	e of the same type for the s	ame premises now licensed;	
2. the li	icensee has complied	with all laws of the Commo	onwealth relating to taxes; and	1
3. the p	oremises are now open	for business (If not explai	n below)	
SIGNED BY:	Individual, Par	tner or Authorized Corpor	ate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, s	igned by the building	g inspector and the head	certificate required by Chap of the fire department for th quired by Chapter 116 of the	e above named
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	24800023	CITY OR TOWN STURB	KIDGE
APPLICATION FOR R	ENEWAL: Annu	al LICENSED FOR	R 2013
	CLAS	SS	YEAR
LICENSEE NAME:	UYETTE FREDERICK		
DOING BUSINESS A	FREDS VARIETY & PACKAC	GE STORE	
ADDRESS 25 BROOK	FIELD RD		
CITY/TOWN: STURE	BRIDGE STATE:	MA ZIP CODE: 01566	
MANAGER: GUYET FREDE		SE:Package Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLE	ASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LIC			
ONE FLOOR, TWO RO		CTURE APPROX 68 X 24, ENTRA	NCE
I hereby certify and swe	ar under penalties of perjury tha	t:	
		for the same premises now licensed;	
2. the licensee l	nas complied with all laws of the	e Commonwealth relating to taxes; as	nd
3. the premises	are now open for business (If no	ot explain below)	
SIGNED BY:			
	ndividual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIE	
		(Note: NOT Individual Soc	ial Security Number)
Please Check Below:		LOCAL LICENSING AU	ГНОRITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124800028		CITY OR TOWN	STURBRID	OGE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	YANKEE SPII	RITS,INC			
DOING BUSINESS	A YANKEE SP	PIRITS			
ADDRESS 376 MA	IN ST				
CITY/TOWN: STU	RBRIDGE	STATE: MA	ZIP CODE:	01566	
MANAGER: GRII	LLO,KEVIN	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	EMISES:			
	, 2ND FLR; ONI	WO FLRS; 1ST FLR; (E ROOM INVENTORY			D
2. the licens	ed license will be ee has complied	lties of perjury that: e of the same type for th with all laws of the Con for business (If not exp	nmonwealth relating to		
SIGNED BY:	Individual, Par	rtner or Authorized Corp	porate Officer		
DATE:	TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
DATE.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124800030		CITY OR TOWN STURE	BRIDGE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAME:	GEORGE A. SLA	ADDIN & DAUGHTE	ER INC.	
DOING BUSINESS A	A GEORGE A. SL	LADDIN & DAUGHT	ER	
ADDRESS RTE 20				
CITY/TOWN: STU	RBRIDGE	STATE: MA	ZIP CODE: 01566	
MANAGER: SLAD	DDIN, TANIA TY	YPE OF LICENSE:Pa	ckage Store CATEGOR	RY: Wine and Malt Regular
EMAIL ADDRESS:		-		
Ī	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I				
GAS STATION WIT RTE 20	H SALES ROOM	ENTRANCE TWO I	ENTRANCES TO THE STAT	ΓΙΟΝ FROM
SIGNED BY:		or business (If not expl		
DATE:	TELEPHO:	NE NUMBER:	EMPLOYER IDENTIF (Note: NOT Individual Soc	
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved explain	in)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1248	800031		CITY OR TOWN	STUKDKII	JGE
APPLICATION FOR REN	JEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: WO	ODS & WATERS, IN	C.			
DOING BUSINESS A YO	OGI BEAR'S JELLYS'	TONE PARK			
ADDRESS 30 RIVER RO	AD				
CITY/TOWN: STURBRI	IDGE ST.	ATE: MA	ZIP CODE:	01566	
MANAGER: LEAMING	G, JAMES TYPE OF I	LICENSE: Resi	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICEN	NSED PREMISES:				
ENTRANCE AND EXIT	THRU RIVER RD. SE	ECOND FLOO	R GROUND LEV	EL ENTRAN	ICE
I hereby certify and swear	under penalties of perj	ury that:			
1. the renewed lice	ense will be of the sam	e type for the	same premises now	licensed;	
2. the licensee has	complied with all law	s of the Comm	onwealth relating t	to taxes; and	
3. the premises are	e now open for busines	ss (If not expla	in below)		
SIGNED BY:					
	ividual, Partner or Autl	horized Corpor	rate Officer		
DATE:	TELEBUIONE MA	(DED	EMDI OVE	D IDENTIFICAT	ΓΙΟΝ NUMBER:
DITE.	TELEPHONE NUM	IBER:			Security Number)
			(· · · · · <u>- · · · · · · · · · · · · · </u>	ar (1444) 5 00141 5	recarry reameer)
We the undersigned, atte	est that we are in pos	session (1) the	certificate requir	ed by Chapt	er 304 of the
Acts of 2004, signed by the					
license and (2) the certifi	cate of liquor liability	y insurance re	equired by Chapte	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved explain)					
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124800033		CITY OR TOWN	STUKDKIL	JGE
APPLICATION FOR	RENEWAL:	Annual	LICENS	ED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 00215B C		COMPANY,IN	C.		
CITY/TOWN: STUR		ГАТЕ: <mark>МА</mark>	ZIP CODE:	01566	
					W
MANAGER: NASO	N, THERESA TYPE OF	LICENSE: Pac	kage Store CA	ΓEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EN	IAIL ADDRESS		-
DESCRIPTION OF L	ICENSED PREMISES:				
2. the licensee	d license will be of the same has complied with all laws are now open for busing	ws of the Comness (If not expla	nonwealth relating to iin below)		
DATE:	TELEPHONE NU	MBER:	EMPLOYER I (Note: <u>NOT</u> Indiv		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENSII By:	NG AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	/IBEK: 124800038		CITY OR TOWN STUR	DKIDGE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	ME: ADMIRAL O'E	BRIEN'S, INC.		
DOING BUSIN	NESS A ADMIRAL T.	S. O'BRIEN'S		
ADDRESS 407	MAIN STREET			
CITY/TOWN:	STURBRIDGE	STATE: MA	ZIP CODE: 01560	5
	O'BRIEN, TIMOTHY	ΓΥΡΕ OF LICENSE: R	estaurant CATEGO	RY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
,	and swear under penal			
		* *	e same premises now license	
	-	for business (If not exp	nmonwealth relating to taxes;	and
5. the p	nemises are now open	for business (if not exp	main octow)	
SIGNED BY:				
SIGNED D1.	Individual, Part	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTI	FICATION NUMBER:
			(Note: NOT Individual Se	ocial Security Number)
Acts of 2004, s	signed by the building	inspector and the hea	he certificate required by C ad of the fire department fo required by Chapter 116 of	r the above named
Please Check Belov	<u>w:</u>		LOCAL LICENSING A	JTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800039		CITY OR TOWN	STURBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME: MPG STURBR DOING BUSINESS A PICADILLY I ADDRESS 362 MAIN ST CITY/TOWN: STURBRIDGE		ZIP CODE:	YEAR 01566
MANAGER: LITTLE, THOMAS 7	TYPE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OU DESCRIPTION OF LICENSED PREI	R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
FIRST FLOOR; ENCLOSED PORCH EXITS FACING NORTH AND SOUT	I, MAIN ENTRANCE/E	XIT. 2ND FLOOR	IS 3830 SQ FT,
1. the renewed license will be 2. the licensee has complied v 3. the premises are now open SIGNED BY:	of the same type for the vith all laws of the Comm	nonwealth relating to	
	ner or Authorized Corpo	rate Officer	
DATE: TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqu	inspector and the head	l of the fire departi	nent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124	800041		CITY OR TOV	VN STURDRII	DGE
APPLICATION FOR REN	NEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: S. C	C. I. MANAGEMENT,	INC,.			
DOING BUSINESS A ST	CURBRIDGE COUNT	RY INN			
ADDRESS 530 MAIN ST	REET				
CITY/TOWN: STURBR	IDGE STA	ATE: MA	ZIP CODE	: 01566	
MANAGER: AFFENITO PATRICIA	- 1	LICENSE: Innl	nolder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES:				
LOCATED WITHIN THE	E STURBRIDGE COU	NTRY INN. F	PAIO WILL BE	USED SEASON	NALLY
I hereby certify and swear	under penalties of perj	ury that:			
1. the renewed lic	ense will be of the sam	e type for the	same premises i	now licensed;	
2. the licensee has	s complied with all laws	s of the Comm	onwealth relati	ng to taxes; and	
3. the premises are	e now open for busines	s (If not expla	in below)		
SIGNED BY:					
	ividual, Partner or Autl	norized Corpor	rate Officer		
DATE:	TELEPHONE NUM	IBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEE HOLE TO	iber.	(Note: NOT	Individual Social S	Security Number)
We the undersigned, atto Acts of 2004, signed by t					
license and (2) the certific					
Please Check Below:			LOCALLIC	ENSING AUTH	ODITV
APPROVED:			By:	ENSING ACTIO	OKITT
DISAPPROVED:			Dy.		
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124800046		CITY OR TO	WN STURBRI	DGE
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: COLONIAL MO	TEL, INC.			
DOING BUSINESS	S A COMFORT IN	N AND SUITES STU	RBRIDGE		
ADDRESS 215 CH	ARLTON RD				
CITY/TOWN: ST	URBRIDGE	STATE: MA	ZIP CODE	01566	
MANAGER: FAN	NTARONI, TY THONY	YPE OF LICENSE:Inn	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	ISES:			
2. the licen	see has complied wi	of the same type for the th all laws of the Comp or business (If not expl	monwealth relati		
SIGNED BY:	Individual, Partn	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
Acts of 2004, signe	ed by the building i	re in possession (1) th nspector and the head or liability insurance r	d of the fire dep	artment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	 lain)				
(II disuppioved expi	·······/				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124800047		CITY OR TO	WN STURBRI	IDGE
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	UNO RESTAURA	NTS, LLC.			
DOING BUSINESS A	PIZZERIA UNO	CHICAGO BAR &	GRILL		
ADDRESS 100 CHAI	RLTON ROAD				
CITY/TOWN: STUR	RBRIDGE	STATE: MA	ZIP CODE	E: 01566	
MANAGER: VAVA	ALLE, NICK TYP	E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:			
I hereby certify and sw	_				
	d license will be of t	• •	-		
	e has complied with			ng to taxes; and	
3. the premise	es are now open for	business (If not exp	lain below)		
SIGNED BY:	Individual, Partner	or Authorized Corn	orata Officar		
	marviduai, r armei	of Authorized Corp	orate Officer		
DATE:	TEL EDUON	E MILADED	FMDI (OYER IDENTIFICA	TION NUMBER:
DITIE.	TELEPHON	E NUMBER:		$\underline{\Gamma}$ Individual Social	
We the undersigned, Acts of 2004, signed					
license and (2) the ce					
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
DAIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800	049	CITY	Y OR TOWN	STURBRIE	OGE
APPLICATION FOR RENEV	VAL: A	nnual	LICEN	SED FOR 20	013
	C	LASS			YEAR
LICENSEE NAME: APPLE	NEW ENGLAND LL	.C			
DOING BUSINESS A APPL	EBEE'S NEIGHBORI	HOOD GRILL &	& BAR		
ADDRESS CENTER AT HO	BBS BROOK				
CITY/TOWN: STURBRIDG	SE STAT	E: MA 2	ZIP CODE:	01566	
MANAGER: SEREWICZ,	JAMES TYPE OF LIC	ENSE:Restaura	nt CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE ALS	O VISIT OUR WEBSITE AND EN	VTER YOUR EMAIL AD	DDRESS		
DESCRIPTION OF LICENSI	ED PREMISES:				
I hereby certify and swear und	er penalties of periury	that:			
	e will be of the same ty		premises now	licensed;	
	mplied with all laws of	_	_		
3. the premises are no	ow open for business (l	f not explain be	low)		
SIGNED BY:	ual, Partner or Author	izad Corporata (Officar		
marvio	ual, Farmer of Aumon	zeu Corporate C	Jilicei		
DATE:	ELEPHONE NUMBI	7 D •	EMPLOYER	IDENTIFICAT	ION NUMBER:
1	ELEFTIONE NUMBI	XX.	(Note: NOT Ind		
We the undersigned, attest	that wa are in necres	ion (1) the cort	ificato require	nd by Chante	or 304 of the
Acts of 2004, signed by the	building inspector an	d the head of th	ne fire departr	nent for the	above named
license and (2) the certificat	e of liquor liability in	surance requir	ed by Chapter	r 116 of the <i>A</i>	Acts of 2010.
Please Check Below:		LO	CAL LICENS	ING AUTHO	ORITY
APPROVED:		By	:		
1115 7 000 (17/611)		·	•		
DISAPPROVED: (If disapproved explain)		_			
		_			
					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 124800050		CITY OR TOWN	STURBRIDG	iΕ
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013	3
		CLASS		Y	EAR
LICENSEE NAME	: BOYZZI, INC.				
DOING BUSINESS	S A ROVEZZI'S RE	STAURANT			
ADDRESS 2 SCHO	OOL STREET				
CITY/TOWN: ST	URBRIDGE	STATE: MA	ZIP CODE:	01566	
	VEZZI, TY RISTOPHER J.	YPE OF LICENSE:R	estaurant C	CATEGORY: A	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	ISES:			
ADJACENT TO K		REE EXITS ON FIRS CENTER DINING A OOR.			
I hereby certify and	swear under penaltic	es of perjury that:			
1. the renev	wed license will be o	f the same type for th	e same premises nov	v licensed;	
2. the licen	see has complied wi	th all laws of the Con	nmonwealth relating	to taxes; and	
3. the prem	nises are now open for	or business (If not exp	lain below)		
SIGNED BY:		A 41 : 10	. 0.55		
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TEL EDILO	NE MA COED	EMDI OVE	R IDENTIFICATIO	M NIIMDED.
DITE.	TELEPHO	NE NUMBER:		dividual Social Secu	
Acts of 2004, signe	ed by the building i	re in possession (1) t nspector and the hear r liability insurance	ad of the fire depart	tment for the al	ove named
Please Check Below:			LOCAL LICEN	SING AUTHOF	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE:					
D/111.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124800051		CITY OR TOWN	1 STURBRII	DGE
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HYLAND ORCHAR	D, INC.			
DOING BUSINESS A	HYLAND ORCHA	RD & BREWERY	•		
ADDRESS 199 ARNO	OLD RD.				
CITY/TOWN: STUR	BRIDGE	STATE: MA	ZIP CODE:	01566	
MANAGER: DAMO F.	ON, DONALD TYPE	OF LICENSE:Re	staurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
2. the licensee	l license will be of the has complied with al s are now open for bu	l laws of the Com	monwealth relating		
SIGNED BY:	Individual, Partner or	Authorized Corpe	orate Officer		
DATE:	TELEDIJONE	MIMDED.	FMPI OYI	ER IDENTIFICAT	TION NUMBER:
	TELEPHONE 1	NUMBER:		ndividual Social S	
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building inspe	ctor and the hea	d of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:	7		By:		
DISAPPROVED: (If disapproved explain	<u></u>				
(II disappioved explain	' /				
					_
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	124800054		CITY OR TOWN	STURBRII	OGE
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BIG BUNNY MA	RKET,INC.			
DOING BUSINESS A	MICKNUCK'S F	RESH MARKETPLA	ACE		
ADDRESS 570 MAIN	N STREET				
CITY/TOWN: STUF	RBRIDGE	STATE: MA	ZIP CODE:	01518	
MANAGER: COUR JUSTI		PE OF LICENSE: Pac	ekage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:			
LOCATED ON RIGH MEAT & DELI, WITH MIDDLE OF FRONT DELIVERIES.	H SOME GROCER	IES. ONE MAIN EN	TERANCE &EXIT	LOCATED	
I hereby certify and sw	vear under penalties	s of perjury that:			
1. the renewe	d license will be of	the same type for the	same premises now	licensed;	
2. the licensee	e has complied with	n all laws of the Comr	nonwealth relating to	taxes; and	
3. the premise	es are now open for	business (If not explain	ain below)		
SIGNED BY:	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 124800060		CITY OR TO	WN STURBRII	JGE
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: THE COPPER S	TALLION, LLC			
DOING BUSINESS	A THE COPPER	STALLION			
ADDRESS 538 MA	AIN ST				
CITY/TOWN: STU	URBRIDGE	STATE: MA	ZIP CODI	E: 01518	
MANAGER: JON	II LIGHT T	YPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
LICENSE WAS AP AMENDMENT TO		WPY ATTACHED TH NLY.	IIS APP- LICA	ΓΙΟΝ IS FOR	
I hereby certify and	swear under penalt	ies of perjury that:			
1. the renev	wed license will be	of the same type for the	same premises	now licensed;	
2. the licens	see has complied w	ith all laws of the Com	monwealth relat	ing to taxes; and	
3. the prem	ises are now open f	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	T Individual Social S	Security Number)
We the undersigne	ed, attest that we a	re in possession (1) th	e certificate re	quired by Chapt	er 304 of the
		inspector and the hea			
license and (2) the	certificate of liquo	or liability insurance i	equired by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	iaiii)				
			-		
DATE:					<u></u>
J.111J.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 124800061		CITY OR TOWN	STURBRIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
	AME: METAT LLC NESS A ENRICO'S B	RICK OVEN PIZZERI.	A	
ADDRESS 500	0 MAIN ST			
CITY/TOWN:	STURBRIDGE	STATE: MA	ZIP CODE:	01566
MANAGER:	METAXES, THEODORE T.	TYPE OF LICENSE:R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRI	EMISES:		
50X38' RENTA 12 SEATS	AL SPACE IN A STR	IP MALL INCLUDES A	A 48 SEAT RESTAU	JRANT. BAR WITH
	premises are now oper	with all laws of the Conn for business (If not expertment or Authorized Corp	olain below)	
DATE:	TELEPI	HONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the hea	ad of the fire depart	red by Chapter 304 of the tment for the above named er 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disapproved	· explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800062		CITY OR TOWN STURBR	IDGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: EMPIRE VILI	LAGE INC.		
DOING BUSINESS A EMPIRE VII	LLAGE		
ADDRESS 446 MAIN STREET			
CITY/TOWN: STURBRIDGE	STATE: MA	ZIP CODE: 01521	
MANAGER: YING, DONG YEOU	TYPE OF LICENSE: Rest	caurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
	OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PRI			
ONE FLOOR, BRICK & WOOD BL DINING AREA. WILL SEAT APPI		S/F WITH KITCHEN, LOUNG	GE AND
3. the premises are now open SIGNED BY: Individual, Pa	n for business (If not explain rtner or Authorized Corpor		
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the head	of the fire department for th	e above named
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disupproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124800063		CITY OR TOW	N STURBRII	DGE
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: THONG INTH	AVONGSA			
DOING BUSINESS	A THAI PLACE	ERESTAURANT			
ADDRESS 371 MA	IN STREET				
CITY/TOWN: STU	URBRIDGE	STATE: MA	ZIP CODE	: 01566	
	HAVONGSA, T	ΓΥΡΕ OF LICENSE:Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
		.CITY; ENTRANCE IN LDG; EMERGENCY EX		HSIDE) OF BL	DG.;
	ises are now open	for business (If not expl	ain below)	ng to taxes; and	
DATE:	TELEPH	IONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	ed by the building	are in possession (1) the ginspector and the head or liability insurance in	d of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
(11 disappioved expi	am)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800066	(CITY OR TOWN STURBE	DGE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: T.T.S. TRIO C	ORPORATION		
DOING BUSINESS A KAIZEN RE	STAURANT		
ADDRESS 479 MAIN STREET			
CITY/TOWN: STURBRIDGE	STATE: MA	ZIP CODE: 01566	
MANAGER: HUNG HO, CHAU	TYPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
LOCATED ON THE NORTHERN S PAVED LOT AND ADDITIONAL F THIRD POINT OF INGRESS/EGRE THROUGH THE KITCHEN/BACK I hereby certify and swear under pena 1. the renewed license will be 2. the licensee has complied 3. the premises are now open	PARKING TO THE WEST ESS LOCATED TO EAST OFFICE AREA alties of perjury that: e of the same type for the	OF THE BUILDING. THER WHICH CAN BE ACCESSED ame premises now licensed; onwealth relating to taxes; and	E IS A
SIGNED BY: Individual, Par	rtner or Authorized Corpora	ate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liq	g inspector and the head	of the fire department for th	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124	800071		CIT	TY OR TOW	N STURBRII	OGE
APPLICATION FOR RE	NEWAL:	Annu CLAS		LICE	NSED FOR 20)13 YEAR
LICENSEE NAME: VII DOING BUSINESS A V ADDRESS 487 MAIN ST	ILLAGE PIZZA &					
CITY/TOWN: STURBR	IDGE	STATE:	MA	ZIP CODE:	01566	
MANAGER: GIDOPOU	JLOS TYPE	OF LICENS	SE:Restaur	ant	CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEAS DESCRIPTION OF LICE 2,800 SQ, FT, IF WHICH SERVING AND EATING RESTAURANT.	600 SQ. FT. CO	S: NSTITUTES	S KITCHE	N AREA ANI	_	. IS
1. the renewed lice 2. the licensee hat 3. the premises at SIGNED BY:	cense will be of the scomplied with a	e same type i Il laws of the usiness (If no	for the sam Commony ot explain b	vealth relating		
DATE: We the undersigned, att Acts of 2004, signed by		n possession	. ,	(Note: <u>NOT</u> 1		ecurity Number) er 304 of the
license and (2) the certif	icate of liquor lia	ability insur	ance requi	red by Chap	ter 116 of the	Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICEN y:	SING AUTHO	ORITY
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 124800072		CITY OR TOWN	STURBRII	DGE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE WINEBUY	YER'S OUTLET LLO			
DOING BUSINESS	A THE WINEBU	JYER'S OUTLET			
ADDRESS 453 MAI	N STREET				
CITY/TOWN: STU	RBRIDGE	STATE: M	A ZIP CODE:	01566	
	DWELL, T ISSA H.	YPE OF LICENSE:	Package Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
·	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
1615 SQ FT OF COM 453 MAIN STREET	MMERCIAL SPA	CE ON THE FIRST	FLOOR OF PROPER	ΓΥ LOCATE	ED AT
		orth all laws of the Co	mmonwealth relating taplain below)	o taxes; and	
	Individual, Partr	ner or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:			FION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	iin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 124800073		CITY (OR TOWN	STURBRIE	OGE
APPLICATION FOR	RENEWAL:	Annua CLAS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 420 MAII	A VERITAS REST					
CITY/TOWN: STU	RBRIDGE	STATE:	MA ZII	P CODE:	01566	
MANAGER: SOUR	KUP, KELLY TY	PE OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
	PLEASE ALSO VISIT OUR V		YOUR EMAIL ADDR	EESS		
DESCRIPTION OF I 3100 SF WITH SEAT 2 BARS, UPSTAIRS SEATS 20	ΓING FOR APPRO	X 90. 2 LEVEL				
2. the license	wear under penaltie ed license will be of the has complied wit es are now open fo	f the same type f h all laws of the	or the same pr Commonweal	th relating to		
SIGNED BY:	Individual, Partne	er or Authorized	Corporate Off	icer		
DATE:	TELEPHO	NE NUMBER:	(1)			TION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	nspector and the	e head of the	fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOC. By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800	074	CITY OR TOWN	STURBRIE	OGE
APPLICATION FOR RENEV	VAL: Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: 392 MA DOING BUSINESS A SAM'				
ADDRESS 392 MAIN STRE	ET			
CITY/TOWN: STURBRIDG	SE STATE: MA	ZIP CODE:	01566	
MANAGER: CHAUDRY, AMJAD M.	TYPE OF LICENSE:P	'ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LICENSI	ED PREMISES:			
GAS STATION AND CONV	ENIENCE STORE			
I hereby certify and swear und	er penalties of perjury that:			
1. the renewed license	e will be of the same type for the	ne same premises now	licensed;	
	mplied with all laws of the Cor	=		
	ow open for business (If not exp	•	s taxes, and	
3. the premises are no	w open for business (if not ex	plant octow)		
SIGNED BY: Individ	ual, Partner or Authorized Cor	porate Officer		
DATE:	ELEPHONE NUMBER:			TION NUMBER:
		(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved expiaili)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 1248000/5		CITY OR TOWN STURBE	CIDGE
APPLICATIO	N FOR RENEWAL	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: STURBRID NESS A STURBRI 3 MAIN STREET			
CITY/TOWN:	STURBRIDGE	STATE: MA	ZIP CODE: 01566	
MANAGER:	BOUHANNA, JACQUES C.	TYPE OF LICENSE:Pa	ackage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDF	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION CONVENIEN	N OF LICENSED P CE STORE	REMISES:		
2. the	licensee has complied premises are now op			d
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

	N FOR RENEWAL:	A1		
		Annual	LICE	NSED FOR 2013
		CLASS		YEAR
DOING DUCK	AME: TEDDY G'S PUB	& GRILLE, INC		
DOING BUSIN	NESS A			
ADDRESS 179	MAIN STREET			
CITY/TOWN:	STURBRIDGE	STATE: MA	ZIP CODE:	01566
MANAGER:	GIDOPOULOS, TY TED D.	PE OF LICENSE:Re	estaurant C	CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
-	N OF LICENSED PREM			
	CE RESTAURANT WITH KITCHEN, STORAGE SI ARE FEET.			
2. the 1	renewed license will be of licensee has complied wit premises are now open fo	h all laws of the Com	monwealth relating	
		` 1		
SIGNED BY:	Individual, Partne	er or Authorized Corp	, 	
SIGNED BY:	Individual, Partne		, 	
SIGNED BY:			orate Officer EMPLOYE	ER IDENTIFICATION NUMBER:
DATE: We the under Acts of 2004,	TELEPHOI signed, attest that we ar signed by the building in	er or Authorized Corpose NE NUMBER: e in possession (1) the spector and the hea	orate Officer EMPLOYE (Note: NOT In	
DATE: We the under Acts of 2004,	TELEPHON signed, attest that we ar signed by the building in) the certificate of liquon	er or Authorized Corpose NE NUMBER: e in possession (1) the spector and the hea	EMPLOYE (Note: NOT In the certificate required of the fire departequired by Chapt	red by Chapter 304 of the tment for the above named
DATE: We the under Acts of 2004, slicense and (2) Please Check Belo APPROVED:	TELEPHON signed, attest that we ar signed by the building ir the certificate of liquor	er or Authorized Corpose NE NUMBER: e in possession (1) the spector and the hea	EMPLOYE (Note: NOT In the certificate required of the fire departequired by Chapt	red by Chapter 304 of the tment for the above name er 116 of the Acts of 2010.
DATE: We the under Acts of 2004, slicense and (2) Please Check Belo APPROVED: DISAPPROVE	TELEPHON signed, attest that we ar signed by the building in the certificate of liquon bw: CD:	er or Authorized Corpose NE NUMBER: e in possession (1) the spector and the hea	EMPLOYE (Note: NOT In the certificate required of the fire departequired by Chapt	red by Chapter 304 of the tment for the above name er 116 of the Acts of 2010.
DATE: We the under Acts of 2004, slicense and (2) Please Check Belo APPROVED:	TELEPHON signed, attest that we ar signed by the building in the certificate of liquon bw: CD:	er or Authorized Corpose NE NUMBER: e in possession (1) the spector and the hea	EMPLOYE (Note: NOT In the certificate required of the fire departequired by Chapt	red by Chapter 304 of the tment for the above name er 116 of the Acts of 2010.
DATE: We the under Acts of 2004, slicense and (2) Please Check Belo APPROVED: DISAPPROVE	TELEPHON signed, attest that we ar signed by the building in the certificate of liquon bw: CD:	er or Authorized Corpose NE NUMBER: e in possession (1) the spector and the hea	EMPLOYE (Note: NOT In the certificate required of the fire departequired by Chapt	red by Chapter 304 of the tment for the above name er 116 of the Acts of 2010.
		` 1		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800077		CITY OR TOWN STURBRIDGE				
APPLICATION FO	R RENEWAL:	Annual LICENSED FOR			SED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS	BRUSH IT OFF LLC A BRUSH IT OFF					
ADDRESS 559 MA	IN STREET SUITES 206	5 7 207				
CITY/TOWN: STU	JRBRIDGE	STATE:	MA ZI	P CODE:	01566	
MANAGER: MOI M.	OF LICENSE: General on premise CATEGOR			ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF A ACRES OF THE PROPERTY OF THE PROP						
REFURBISHED FA	LICENSED PREMISES: CTORY, OPEN FLOOR 2000SQ.FT. ROOM LEA	PLAN OF				CE/EXIT
	see has complied with all lasses are now open for busi	ness (If not	explain belo	ow)	o taxos, und	
DATE: TELEPHONE N		UMBER:	(1	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Acts of 2004, signe	d, attest that we are in p d by the building inspec certificate of liquor liabi	tor and the	head of the	fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE:						